STATE OF SOUTH CAROLINA

RECEIVED

219771

(Caption of Case)

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

(Caption of Case)	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
TTOO	TRANSPORTATION COVER SHEET
Request for reinstatement of Class C Taxi Certificate	30.00 000 T
Julius Baylock dba J & B Limo-Taxi	NUMBER: 1994 - 190 - T
)	NUMBER:
Please type or print) Day/OCL DBA	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: J. E. B. Limb - Taxer	Telephone: 843-76/-4392
Address: 179 DOBS Cornel	Fax:
monch Cornel SCI	Other:
29461	Email:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service C	s nor supplements the filing and service of pleadings or other papers
be filled out completely.	on must
NATURE OF ACTION (Check all that apply)	
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request Please expidite
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application PSC SC	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	Mail or fax a copy to: RECEIVED S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 10-21-09	1, W, W/W
Please consider this an application for Reinstaten (Taxi) Certificate	nent of my Class C:
Charter Certificate Charter Bus Certificate	
Non-Emergency Certificate	
My Certificate of Public Convenience and Necess revoked/cancelled on 10~14-09 because	ity No. is <u>(¢181-A</u> My certificate was
Ovrual separt for 2008 I seek re-certification	because of need this Job
	OBA J&B Linno-Taxl (if applicable)
(Street Address)	(Mailing Address if different from Street Address)
Moncks Corned S.C. 2946/ (City, State, Zip Code)	(Signature)
843~ 761-6392 (Telephone Number)	Title)

ORS Revised 1/29/08

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY OF

OCT 21 2009

Julius Baylock DBA J& BLimo-TaxIT. T. R. S.

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2008

[] Calendar Year Ending December 31, 2008 or [] Fiscal Year Ending _____

